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ABSTRACT

Future school responses to child sexual abuse (CSA) should occur within a community context. As Canadian schools try to implement CSA prevention programs, changes in the community such as improved child care programs should occur simultaneously. A summary of CSA facts, new initiatives at the national level, and the role of the community, school, and principal in responding to CSA are reviewed. A comprehensive school health program is the most effective means for schools to respond to CSA. Research findings are presented to show the effectiveness of health education and CSA prevention programs. A checklist is provided which lists CSA action goals under the following headings: (1) instruction; (2) health, guidance, student and social services; (3) school climate; and (4) family, community, media, and policy support. The items under these headings are themselves linked to four main goal categories, namely health program promotion, prevention, intervention, and rehabilitation. Key issues school administrators will face in implementing CSA prevention programs and policies include widespread cultural backlash, unfounded and false allegations and criticisms from the community. Additional topic and information sources are given. (EJS)

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Child Sexual Abuse

Problems, Perspectives and Programs for Schools in the 1990's

A Guide for School Administrators

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of Principals

Child Sexual Abuse: Problems, Perspectives and Programs for Schools in the 1990's

A Guide for School Administrators

This publication has been funded by the Victims of Violence, Health Services and Promotion Branch, Health and Welfare Canada.

Research, Writing and Publishing Done By:

CONSULTATION, COLLABORATION, COORDINATION

Shannon & McCall Consulting Ltd.

Dear Colleagues:

This publication is one of several projects that the Canadian Association of Principals has developed to assist school administrators in their management of current educational issues.

In commissioning the preparation of this booklet we recognized that schools across Canada have responded to child sexual abuse through introducing prevention programs and implementing reporting protocols.

We also recognized, however, that the problem of child sexual abuse has not been solved. Indeed, we have identified and discussed several issues in this publication that we believe will confront all of us in the coming decade as schools and society continue their effort to eradicate this terrible affliction.

We hope the material offers you some new perspectives as well as some practical, planning advice. The booklet does not and should not replace policy, programs and procedures developed to suit local circumstances and provincial/territorial guidelines. Indeed, in a publication of this length it is possible only to raise critical issues and refer readers to available resources.

The information compiled in the booklet is offered as a resource to educators. The Association does not necessarily agree with all of the advice contained herein. We do, however, view the content as worthy of your consideration.

The Association gratefully acknowledges the support of the Victims of Violence Program, Health and Welfare Canada in enabling us to prepare this publication. The advice and support received from the Family Violence Prevention Division of Health and Welfare Canada was also most helpful. Such collaboration is required if we are to be successful in preventing this difficult and complex social problem.

If you have any suggestions or comments about this publication or wish to suggest topics for similar projects, please don't hesitate to contact our national office.

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We hope this information is helpful to you as schools continue to be part of a community-wide effort which will reduce the incidences of child abuse.

Yours sincerely,

Gerry Powlik,
President

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The information contained in this publication is presented to educators as a resource in preventing child sexual abuse. Health and Welfare Canada and the Canadian Association of Principals do not necessarily agree with all of the suggestions contained herein.

Introduction

Schools across Canada have responded to the issue of child sexual abuse in recent years. The decade of the eighties might be summed up as protocols, prevention and panic. As we head into the nineties, the most relevant words might become problems, perspectives and programs

In recent years school administrators have implemented provincial and local protocols for the investigation and reporting of child sexual abuse. Prevention programs have also become widespread, with both school and community-based delivery models being used. The panic caused by cases involving offenders in schools was unfortunately experienced by many. Schools, like many other sectors of society "discovered" an issue that had been hidden for generations.

The next decade will include a different set of challenges for schools in prevention of child sexual abuse. A backlash which is threatening to change legislation and once again rewrite procedures, will also create **problems** for schools. Court cases over false or unproven allegations will be launched. The value of prevention programs will be questioned. **Perspectives** on the root causes of child sexual abuse such as gender, inequality, children's status and family dysfunction will need to be developed and find their expression in school programs. Comprehensive school health programs will need to be developed so that we don't try to respond to this problem in isolation from others which impact on children.

This publication attempts to discuss briefly those problems, perspectives, programs by introducing relevant school-related aspects, summarizing advice drawn from research and referring the reader to various sources of information which school principals will need to ensure that their schools are prepared to deal with child sexual abuse in the next decade. There is very little space within these few pages to do justice to the complexity of the issues and the required responses. However, there is an opportunity to convey the urgency of the situation and to identify key aspects and sources of help or advice.

As is often the case, School Principals are left with the task of applying the ideas and information to their school, their students and their communities.

Placing Future School Responses Within A Community Context

"We must stop focussing our attention on the individual patient or client and lift our eyes, shift our focus to the family, the neighbourhood, the community."

George Albee, "Primary Prevention", Canada's Mental Health, 1979

The changing role of the school in the prevention of child sexual abuse must be placed within the context of changing roles and functions within communities and society. As we strive to resolve the problems, develop new perspectives and implement comprehensive programs within schools, it is hoped that other changes, such as the following, will be occurring simultaneously.

- Social Service and Child Welfare agencies will develop more holistic approaches to mental health issues affecting children.
- The number and effectiveness of self-help and mutual aid groups will increase.
- Natural Support Networks, consisting of informal "helpers" and community resources, will be strengthened.
- Child Care Programs will be expanded and improved so that the stress on employed parents is reduced.

- More programs for children in self-care ("Latch-Key" Children) will be introduced to reduce their emotional and physical risks.

- Public awareness and community awareness campaigns will increase awareness of the incidence and issues of child sexual abuse.

- The media will recognize its responsibilities about sexually exploitive advertising and responsible coverage of sexual abuse cases.

Thus schools' efforts to change in the 'nineties will be accompanied by a community-wide effort to respond more effectively to child sexual abuse. Schools will not be expected to lead, but rather they will be expected to reflect society. By acting together, the likelihood of more things changing for the better is enhanced.

New Problems and Perspectives on Child Sexual Abuse

Although this booklet discusses new issues, perspectives and plans about child sexual abuse, it is useful that a brief summary of the facts about this problem is reviewed:

What is Child Sexual Abuse?

Child sexual abuse is always a criminal act. The behaviours which are abusive include acts of exposure, sexual threats, sexual touching, attempted sexual assaults and assaults. The use of a child for the purposes of prostitution or pornography is also sexual abuse. These acts are identified in the Criminal Code of Canada.

Who are the Victims?

Any child can be a victim, regardless of sex, colour, culture, creed, social standing, age or place of residence. Recent studies show that as many as one in three girls and one in five boys will experience some form of sexual abuse before the age of 18.

Who Sexually Abuses Children?

Most sexual offenders are male. One in four offenders is a member of the child's family or is a person entrusted with the care of the child. Approximately half are friends or acquaintances. Only one in six is a stranger.

What are the Effects of Sexual Abuse?

Children can be both physically injured and emotionally harmed. The extent of the harm depends on factors such as the age of the child, the type and duration of the abuse, the use of threats or force to secure the child's cooperation, the relationship between the child and the offender and the reactions of others following disclosure of the abuse. In some cases the emotional trauma can have negative consequences throughout life.

Can the Child be a "Willing" Victim?

Children can never be responsible for their own abuse. Although children may appear to have cooperated with the offender they are often vulnerable to exploitation or are drawn into abuse situations without understanding what is happening.

(Source: Child Sexual Abuse: Strengthening Community Response, Health and Welfare Canada, 1989)

The Dimensions of Child Abuse in Canada

"The power to define the problem is the power to control the agenda. If we fail to get the problem right, our solutions are necessarily doomed to fail."

(Heather-Jane Robertson, Canadian Teachers Federation, speaking to the National Strategy Workshop on Child Sexual Abuse)

A successful and comprehensive response to the sexual abuse of children demands that we address social and educational norms in our society that either contribute to the problem or prevent us from being effective in our response.

This analysis forces us to rethink notions about social equality, gender, the rights of children and the functions of schooling.

It is from these renewed perspectives that we will being to develop practical plans and actions in order to break the cycle of abuse in our society.

The Barriers

- a value system that has placed men in a dominant role has an impact on family life and the incidence of child sexual abuse.
- the view that children are property and have no independent legal status before the age of eighteen.
- the exploitation of sex as a commodity
- the poverty and economic disadvantage which places increased stress on families
- an academic bias within schools which suggests no role exists for prevention
- a reluctance among educators to play a leadership role within their communities in initiating collaboration on social problems

New Initiatives at the National Level

Child sexual abuse continues to emerge as a problem demanding the attention of the public, policy-makers and professionals. Attention has been drawn back and forth across the country; from the school system in British Columbia, to the clergy in Newfoundland, to child case workers in Ontario and to the overload of the investigative system in Québec. No community, no profession is immune.

Recent events at the national level include:

Implementation and Review of Bill C-15 (Amendments to the Criminal Code and Canada Evidence Act)

On January 1, 1988, Bill C-15 was proclaimed and introduced several changes to the federal laws affecting child sexual abuse. The changes included:

- restrictions on the defence to argue that consent of the child was given
- broadening the definition of sexual abuse to include "sexual interference", "touching for sexual purposes", "initiation to sexual touching" and "sexual exploitation".
- tightening provisions regarding juvenile prostitution
- eliminating the requirement of corroboration of child witness and allowing for testimony to be given by children outside the courtroom or through video tapes.

The new legislation is to be reviewed in 1992. Comments based on the experiences of school administrators should be directed to relevant authorities in their jurisdictions, as well as to CAP affiliates.

Reaching for Solutions: The Report of the Special Advisor on Child Sexual Abuse

The report of Mr. Rix Rogers was tabled in June, 1990 with the Minister of Health and Welfare. The recommendations include coverage of school responses to the problem.

A National Network on Child Abuse

A national network of over 40 organizations, including the Canadian Association of Principals, is being formed to promote the implementation of the Rogers Report and the rights of children generally.

New Unit and Funding from Health and Welfare Canada

In response to the Rogers report and to the UN Convention on the Rights of the Child, Health and Welfare Canada has established a Children's Bureau to coordinate policy and planning on child welfare issues.

UN Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child will have a significant effect on Canadian institutions, including schools, as Canada and the provinces/territories ratify the agreement.

Upgraded Family Violence Prevention Clearinghouse

As part of its response to the Rogers report, Health and Welfare Canada has increased its support to the Family Violence Prevention Clearinghouse. This agency has a collection of educational resources and information relevant to schools.

Responding to Child Sexual Abuse

The Role Of The Community, The School And The School Principal

The Role of the Community

The most effective approach to the prevention of child sexual abuse is a comprehensive, community-wide approach. The following diagram describes such an approach.

(Source: Child Sexual Abuse: Strengthening Community Response, Health and Welfare Canada, 1989)

The Role of the School

In September, 1987 several Canadian organizations representing parents, teachers, guidance counsellors, school principals, school administrators and educators generally, came together to express a public statement on the role of the school in preventing child abuse.

Statement

The national education organizations support the following ways in which school systems can respond to the issue of child sexual abuse:

- educating students in appropriate interpersonal and decision-making skills
- providing training for students and employees in the avoidance, detection and reporting of child abuse
- ensuring that suspected cases of child abuse are reported to the appropriate authorities
- assisting health and social service professionals in the treatment of students who are victims of child abuse by providing appropriate support to those children in the school environment
- coordinating with other public and private agencies in the delivery of programs for the prevention of sexual abuse community awareness efforts, reporting and investigation procedures, and professional development activities.

The Role of the School Principal

The role of the school principal should include:

- understanding child abuse, relevant legislation and regulations and reporting requirements
- ensuring effective implementation of health education curricula and child abuse prevention programs.
- assisting in inter-agency coordination by establishing working relationships with local police, social workers and health professionals
- understanding and implementing school board policies

Responding to Child Sexual Abuse within the Framework of a Comprehensive School Health Program

The most effective means by which schools can respond to child sexual abuse is to place that response within the context of a comprehensive school health program. Such programs are comprised of a broad spectrum of activities and services which take place in and around schools and which enable students to enhance their health, develop to their fullest potential and establish appropriate social relationships.

The goals of such programs can be categorized into four different areas along a continuum:

- ***Health promotion*** activities which seek to influence underlying social, economic or environmental factors which affect the health, well-being and development of children.
- ***Prevention*** activities which help children avoid certain behaviours or conditions which lead to health or social problems.
- ***Intervention*** activities which support children already experiencing difficulty from health or social problems.
- ***Rehabilitation*** activities which are school-based and seek to compliment diagnosis and treatment services provided by health or social service agencies so that children benefit from a supportive school experience.

The means used by comprehensive school health programs can also be categorized into four key areas.

- ***Instruction*** which includes a K-12 health curricula, specific instructional programs or materials, in-service and pre-service training, appropriate teaching strategies and methodologies, parent activities and the involvement of health/social service professionals.
- ***Health, guidance, student and social services*** which includes a range of services provided by health units, schools and social service agencies.
- ***In-school environments*** which include appropriate staffing, school organization, safety, hygiene, environmental considerations, staff health promotion programs, active student involvement, active parental involvement and the use of "effective schools" management practices.
- ***Support from Families, Community, Media and Public Policy*** which includes parent effectiveness and support programs, community awareness activities, public awareness campaigns, active and broadly-based coalitions and committees at the school and school-district level, and involvement of local media, businesses, service clubs, churches and colleges/universities.

The goals and means of such comprehensive school health programs can be illustrated by a simple "grid" which can then be applied to specific health or social problems.

GOALS

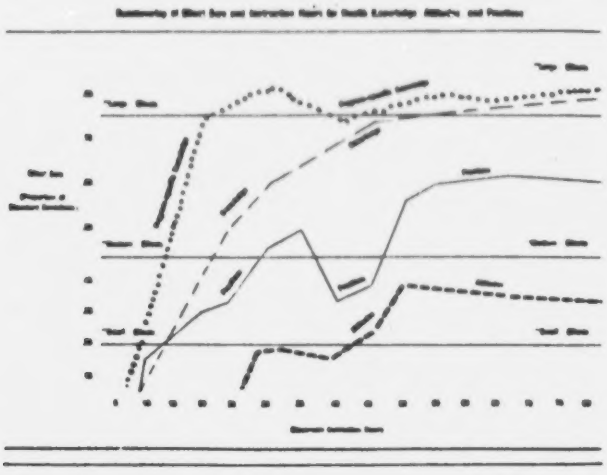
MEANS	Promotion	Prevention	Intervention	Rehabilitation
Instruction				
Health, guidance, student, social services				
In-School environment				
Family, community, media, policy support				

Comprehensive School Health Education Works

One of the major questions asked about prevention programs is whether they actually influence behaviours. There is recent evidence that comprehensive health education is effective in changing behaviours provided that such programs entail 40-50 hours of instruction and that they are well implemented.

Findings of the School Health Education Evaluation (1984)

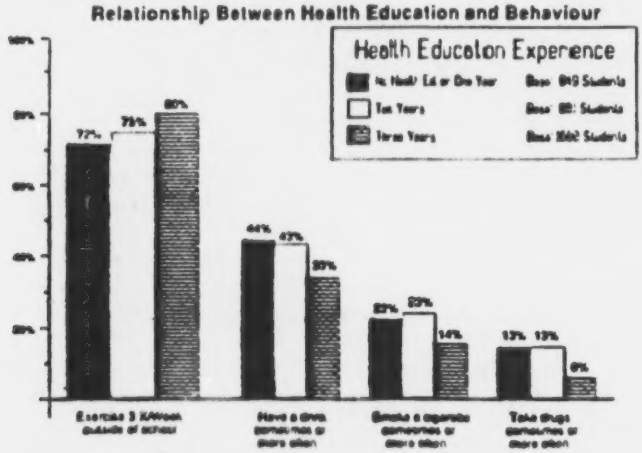
An extensive study of 30,000 students in 20 American states showed that school Health programs affected knowledge, attitudes and behaviours as seen in the following chart:



(Source" Connell, DB; "Summary of the Findings of the School Health Education Evaluation", Journal of School Health, October, 1985)

Findings of the Metropolitan Life Survey of 1988

A similar survey, done in May 1988, was completed by 4,738 students in grades 3 to 12 from 199 public schools in the United States. The purpose of the study was to determine if comprehensive health education programs made a significant difference in student health behaviours, attitudes and knowledge.



The survey found:

- as years of health education increase, students' health-related knowledge, positive attitudes and healthy habits also increase.
- 22% of students surveyed had little or no health education.
- 43% of students with only one year of health education have a drink sometimes or more often, that proportion decreased to 33% for students who have had health education for three years.
- 20% of students with one year of health education smoke a cigarette sometimes or more often, as opposed to 14% among those who had health education for three years.
- 13% of students having received health education for one year have taken drugs a few times or more; only 6% of those with three years of health education have done so.

(Source: Harris, L. An Evaluation of Comprehensive Health Education in American Public Schools, Metropolitan Life Foundation, 1988)

Findings on the Effectiveness of Child Sexual Abuse Prevention Programs

There are two inherent difficulties associated with evaluating child sexual abuse prevention programs; first it involves counting something that doesn't happen and second, it is problematic and unethical to attempt to evaluate such programs by placing children in lifelike simulations (Wachtel, 1989). This likely accounts for the lack of evaluation research specifically on child sexual abuse prevention.

However, there is evidence to suggest that such programs can be effective.

- research from the realm of sexuality education suggests strongly that when instruction is combined with accessible health and social services, behavioural change occurs. (Edwards, 1980)
- health education research (Lammers, 1980) indicates that knowledge acquisition is the first step towards attitudinal and behavioural change. Dower (1986) reports that the "Talking About Touching" program resulted in significant knowledge gains in sexual abuse information, safety techniques, problem-solving and assertiveness skills. Finkelhor and Strapko (1988) summarize knowledge gains as including concepts such as some kinds of touching are bad, that bad touching can occur with people they know, that they have the right to say no and that they should tell adults. Wachtel (1989) notes difficulties with concepts such as feelings are not reliable guides to 'good' and 'bad' touching, body ownership, good and bad secrets, and that close relatives or adults can be molesters.
- health education research also suggests that programs which influence mediating factors (which influence behaviour) are also effective (Kreuter et al, 1981). Participation in effective parenting programs does influence parenting practices (Reineke and Benson, 1981; Krell et al, 1982).

(Sources: Dower A; An Evaluation of Talking About Touching, Seattle Committee for Children, 1986.
Edwards, L.E. et al "Adolescent Pregnancy Prevention Services in High School Clinics", Family Planning Perspectives, Jan/Feb, 1980
Finkelhor D. & Strapko, N; "Sexual Abuse Prevention Education" in Willis, DJ et al, eds Child Abuse Prevention, New York, Wiley, 1988.
Kreuter, M.W., Christensen, G.M., "School Health Education: Does It Cause An Effect?", Health Education Quarterly, Spring, 1981
Krell H., Richardson C., Lamanat, and Kary S.; "Parent Aides as Providers of Secondary Preventive Services - An Assessment"; Journal of Preventive Psychiatry 1:4, 1982
Lammers, J. And Kreuter, M.W., Assessing the Effect of a Fifth-Grade Unit of the School Health Curriculum Project, Research Paper presented to the 1980 National Meeting of the American School Health Association
Reinke Rene Benson P;" MELD Final Evaluation Report"; Minneapolis, Minnesota; Early Learning Design; 1981
Wachtel, A; "A Review of Criticisms of School Based Child Sexual Abuse Programs"; Society for Children and Youth; 1989.)

Applying a Comprehensive School Health Approach

The following checklist applies a comprehensive approach to child sexual abuse prevention. Many of the items contained in this checklist are discussed later in this booklet.

GOALS

Promotion	Prevention	Intervention	Rehabilitation
Instruction			
☐ A planned, sequential K-12 health curriculum is mandated and obligatory instructional time allocated.	☐ A CSA unit (or program/ materials) has been chosen in accordance with local needs and sound criteria.	☐ All teachers have been advised on how to recognize signs of abuse, how to receive/refer disclosures and their obligation to report.	☐ All teachers have been advised on the appropriate ways to support abused children in their classroom teaching.
☐ The CSA unit is provided within a family life program, within the health curriculum.	☐ The CSA program/materials have been authorized by the school board.		
☐ There is an emphasis on the development of skills, decision-making, self-esteem enhancement and assertiveness in the health curriculum and other subjects.	☐ The parents committee has reviewed the CSA program/materials.		
☐ Pre-service teacher training includes information on reporting requirements, the incidence of CSA, children's rights.	☐ Teachers of the CSA programs have received specific training in program implementation and how to receive disclosures.		
	☐ A complimentary parent package has been distributed for home discussions.		
	☐ Voluntary, health and social agencies are involved in program development, delivery and in-service.		
Health, Guidance, Student, Social Services			
☐ Health unit has comprehensive policies, procedures, services on child mental health.	☐ Inter-agency committee, projects or activities exist to promote joint prevention planning/activities, special events.	☐ All staff have been advised on how to handle an unplanned interview with parents.	☐ School district personnel are part of/informed by inter-agency team treating child/family.
☐ School board has comprehensive policy, procedures, services on at-risk students and on the role of school guidance personnel.	☐ Written inter-agency protocol exists on prevention, reporting, and treatment programs, procedures and services.	☐ Written procedures for reporting have been reviewed with all staff.	☐ A range of treatment and support services are available in the community (mandated and voluntary).
☐ Student services division of school district has services and procedures for at-risk students.		☐ All staff have participated in awareness sessions.	☐ School guidance counsellors have received specific training on how schools can assist in rehabilitation.
☐ Social services agency has comprehensive policy, procedures, services for at-risk students and families.		☐ There is an annual procedure to review school program, and reporting requirements.	
☐ Family support/parenting education programs are offered in community.		☐ Teachers receive updated information on resources/ referrals in the community.	

Promotion	Prevention	Intervention	Rehabilitation
Health, Guidance, Student, Social Services			
☐ Parent/family crisis centres are established in community.		☐ A procedure is established to ensure reporting teacher receives feedback on the disposition of the case.	
☐ Inter-agency protocol exists on health and social services delivered to schools.		☐ School district persons participate in inter-agency team investigating alleged offenders who are school employees.	
In-School Climate			
☐ School and school district policies on overnight field trips, corporal punishment, guidance services, hiring procedures, school volunteers have been reviewed.	☐ Hiring procedures include criminal record check, reference checks, child abuse registry check (if applicable).	☐ Emergency procedures and support teams have been established for:	☐ Support/counselling is available to schools in the event of multiple victim or alleged offender is a member of the school staff.
☐ Policy, programs and procedures for special needs students have been reviewed.	☐ School volunteers are screened.	-informing school superintendent	☐ School nurse and school guidance counsellor have received in-service training on how to support students and staff members.
☐ Peer counselling programs have been established (for all youth problems as well as CSA)	☐ In-service/awareness session has been held for all staff.	-reporting to police and child protection agency	☐ School nurse and school guidance counsellors have met with local self-help groups to determine services available.
☐ Mentorship programs have been established for at-risk students (not necessarily at risk of CSA).	☐ Senior students have discussed adolescent sexual assault (date rape) in their health education programs.	-informing parents	
	☐ Student groups have been encouraged to address issues of sexual assault in newsletters, special events, etc..	-making public statements if case becomes public knowledge	
	☐ Reviews have been done of employee dismissal and suspension procedures.	-informing staff if case becomes public knowledge.	
Family, Community, Media, Policy Support			
☐ School and school district participating in broadly-based committees/coalitions on youth at-risk or school health.	☐ School district participates in inter-agency committee on CSA prevention.	☐ Families have been informed of emergency support services, telephone numbers and other resources.	☐ Local municipalities support crisis centre.
☐ Local churches, temples, synagogues have been requested to initiate family/youth programs.	☐ Information is sent to parents each year on the on CSA prevention program.		☐ Local service clubs, business provide financial support to abused children, families.
☐ Local service clubs have been requested to support health promotion programs.	☐ Local doctors, lawyers, psychiatrists have been involved in CSA prevention.		
☐ School board has policies on comprehensive school health, child sexual abuse, children's rights, teaching about controversial issues.	☐ Local media has been informed of CSA program, requested to support program in editorial policy, conducted briefing with journalists on ethics of reporting CSA cases.		

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Promotion	Prevention	Intervention	Rehabilitation

Family, Community, Media Policy Support

- ☐ Social service agency has policies on children's rights, adolescent services, child sexual abuse, liaison with schools.
- ☐ Health unit has policies on child and adolescent mental health, child sexual abuse, liaison with school.
- ☐ Police, child protection workers, health professionals and educators have joint prevention activities.
- ☐ School CSA program is coordinated (timing themes, joint activities) with community and public awareness campaigns.

Discussions of Some Elements of a Comprehensive School Health Approach To Child Sexual Abuse Prevention

The following section briefly discusses some of the elements of a comprehensive CSA prevention program. Readers are referred to other sources for further information.

Instruction

Curricula: For a full discussion of what should be contained in a school health curriculum, refer to (Connell et al, "Summary of the Findings of the School Health Education Evaluation", Journal of School Health, Oct. 1985) and (Sefrin, J.R., "The Comprehensive School Health Curriculum", Journal of School Health, April, 1990). The basic elements should include mandatory objectives, obligatory instructional time, K-12 coverage, and appropriate scope and sequence.

Prevention Programs: The program should include these key prevention concepts:

(1) clear safety rules so that children recognize a potentially abuse situation;
(2) some parts of the body are private and their body belongs to them;
(3) there are various types of touching;
(4) that it is OK to say 'no' and it is OK to tell someone.

For a listing of prevention programs, see Dube, R.; Inventory of Canadian Prevention Resources in Child Sexual Abuse; L'Hopital Ste. Justine, Services des Publications, 3175 Cote Ste. Catherine, Montréal, PQ, H3T 1C5. For a discussion of related issues, see Wachtel, A; A Review of Criticisms on School-Based Child Sexual Abuse Prevention Programs; Society for Children and Youth, 3644 Slocan Street, Vancouver, BC, V5M 3E8.

Teacher Support to Abused Students: For a full discussion of how teachers can help abused children in their classrooms, see Olson, M.; Helping the Abused Child. The operational principles should include:

(1) security: helping the child feel safe, that they will control the amount of touching and that they belong to the group;
(2) structure: providing initial security by giving specific instructions and guidance on how to respond;
(3) identity: giving reassurance that they are someone who makes friends easily or who works hard;
(4) consistency: creating a predictable environment;
(5) sense of belonging: giving that sense by displaying their work, assigning roles in activities;
(6) intimacy in appropriate ways: such as sharing something about yourself, using eye contact;
(7) approval: giving a nod, a wink, a note on their work;
(8) encouragement: by identifying with their feelings about their situation;
(9) normalcy: by treating the child in the way she/he would be treated normally.

Health, Guidance, Student and Social Services

Health Services: For a discussion of appropriate treatment services, see Child Sexual Abuse: Strengthening Community Responses, Health and Welfare Canada, 1989. The elements should include:

(1) involvement of the child protection agency, adult probation services, the court system, parents and child/family treatment agencies;
(2) an assessment of the child which should include development and social history, functioning level, behaviour, emotions, peer group functioning, academic programs, sexual behaviour and specific reactions to the above;
(3) an assessment of the family;
(4) development of a treatment plan
(5) inclusion of school personnel where appropriate.

Guidance Services: While maintaining the distinction between school-based counselling and community-based therapy, guidance services can:

(1) provide a link between the student/family and available services;
(2) advise other school staff about appropriate behaviours and support;
(3) provide one-to-one or group counselling to students making the adjustment back to normal school life;
(4) inform classroom teachers about particular situations or problems. For a discussion of appropriate professional conduct see Neufield, V. Hucal P., Zambin D. and McMillan K.; "Draft of a BC School Counsellors Association Report on Guidelines for Counsellor Behaviour";

Student Services: For comprehensive examples of the inter-ministry protocols necessary for the delivery of student services. See Vivre à l'école, Ministère de léducation du Québec and Inter-Ministerial Protocols for the Provision of Support Services to Schools, Province of British Columbia

The student services which are relevant to child sexual abuse include:
(1) if appropriate provision of a learning program/plan for a student who has been moved as a result of an abusive situation
(2) provision of adequate services from school psychologists, if required
(3) adequate funding/programs for students with severe behavioural, emotional and social difficulties.

Social Services: Children and families should have access to a range of services in the event of the child being sexually abused. These should include:

(1) immediate crisis services at the time of disclosure including medical attention, emergency shelters, financial assistance, crisis counselling and direction of the non-offending parent(s), including written information;
(2) longer-term sources should include access to crisis centres, family service agencies, community resource centre and mental health centre, self-help groups, school counsellors, church groups, private therapists, victim support groups and trained volunteers. See Child Sexual Abuse, Strengthening Community Response, Health and Welfare Canada, 1989.

Inter-Agency Collaboration: For a full discussion of interagency collaboration see Kilip et al., "Integrated School and Community Programs", Journal of School Health, Dec. 1987

In-School Environment

School Policies: For a full review of appropriate school policies on overnight field trips, corporal punishment, hiring procedures see McGuire, T. and McCall, D.; Child Abuse: A Manual for Schools; EduServ, 1155 W. 8th Avenue, Vancouver, BC, V6G 1C5.

Employee Screening: Provinces and territories will have issued guidelines regarding required screening procedures such as criminal record checks, reference checks and child abuse registries. School administrators should check with their school district and Department of Education for guidance on these issues.

Volunteer Screening: It is important that volunteers working with children also be trained in recognizing abuse and be screened for prior offences against children. See Putting the Child First, Canadian Council on Children and Youth, 55 Parkdale, Ottawa,ON, for a full training package for volunteers.

Reporting and Investigations: These procedures will be covered by Ministry and School District guidelines and directives. The key role of the school principal is to ensure that school staff are aware of their obligation to report and that the procedures for doing so are clearly understood. In the event that the alleged offender is a member of the school staff, it is appropriate that school district personnel be part of an inter-disciplinary investigative team but the police or child protection workers should be doing the actual investigation.

Emergency Procedures: In the event of an inadvertent public disclosure, particularly if the alleged offender is a member of the school staff or if it involves several children in the community, it is important that the school district and relevant ministries have an emergency support team available. The first step should be to bring the relevant individuals and agencies together immediately. Independent actions will often confuse matters.

Rehabilitation Support: Students, families and school staff, will likely need support and group counselling, particularly in multiple victim cases or in cases where a staff member was the alleged offender. See the section on multiple victim disclosures later in this booklet for a full discussion of the related issues.

Teacher Attitudes: For a discussion of teacher awareness and attitudes, see Levin G.; "Teacher Perceptions, Attitudes and Reporting of Child Abuse and Neglect"; Child Welfare League of America; Jan/Feb 1983 and Lero, D., School Systems in Ontario: A Province-Wide Study of Schools and their Response to the Problem of Child Abuse; Dept. of Family Studies, University of Guelph.

Family, Community, Media and Policy Support

Inter-agency Protocols: Most jurisdictions have mandated that inter-agency protocols be established in respect to the reporting and investigation of CSA disclosures. The school principal should make personal contact with agency staff each year so that communication is facilitated in the event of a disclosure. It is also in the interest of the school that inter-agency cooperation include prevention and rehabilitation activities. See The Community in Concert" A Resource Handbook for Child Abuse Coordinating Committees, Institute for the Prevention of Child Abuse, 25 Spadina Rd., Toronto, Ont., for a complete set of suggestions.

Involving the Community: Support for school programs can be instrumental to their success, particularly in times of crisis. It is in the interest of the school to encourage youth-serving organizations such as the YMCA, Big Brothers, Girl Guides, community organizations, service clubs, local business, health and social service professionals, the municipalities, churches and other groups in the prevention and detection of child sexual abuse. For suggestions on building such support for community programs see Allensworth, DD; "Building Community Support for Quality School Health Programs"; Health Education, Oct/Nov 1987, and Kilip et al, "Integrated School and Community Programs", Journal of School Health, December 1987.

Schools should encourage social services agencies and Boards of Health to develop a comprehensive approach to child welfare issues.

Media: Local media outlets can also contribute to CSA prevention through explicit editorial support for prevention, coverage of school programs and events and responsible reporting of inadvertent public disclosures or cases which are being brought before the courts. It is important that the school district has a plan in place for communications with the public before a crisis occurs. For suggestions on this type of plan see McGuire T. and McCall D.; Child Abuse: A Manual for Schools, Eduserv, 1155 W. Broadway, Vancouver, BC,V6H 1C5.

Policies: The School Board, Board of Health and Social Service Agency should have a range of comprehensive policies on CSA and related children's issues. A recent analysis of school board policies (Canadian School Boards Association, 1990, 124 O'Connor St., Suite 505, Ottawa, ON) identifies current issues and dilemmas. It would appear that policies remain similar to earlier studies done by Lero (1985) and BC School Trustees Association (1986) which described written policies as being previously focussed on reporting procedures and adherence to ministry guidelines. Few school boards have comprehensive written policies on the health and welfare of children, school health programs, sexuality education or on CSA. School principals should encourage the development of such policies so that child sexual abuse is not dealt with in isolation from other social and health problems. As well, schools should encourage Social Service Agencies and Boards of Health to develop a comprehensive approach to child welfare issues.

Topics and Resources

The following list of topics and sources of information are taken from a list of projects recently funded by the Family Violence Prevention Division as part of a four year federal initiative. Further information about these projects can be obtained from the National Clearinghouse on Family Violence in Ottawa (1-800-267-1291).

- **Parents as Primary Protectors**

An exploratory study was done by the Commission clés catholiques de Montréal to instruct parents on how to teach their children about sexuality and sexual abuse and to establish a parents' coalition. A detailed evaluation is available. (French only)

- **Overview ofCSA Prevention Activity in Canada**

A twenty-one page overview, Graham L. and Harris-Hart, M., Child Sexual Abuse Prevention Programs: The Existing Network of Consultations, Conferences and Meetings, Research Studies and Resource Material, 1988, was prepared and is available, free of charge, from the National Clearinghouse.

- **Reviews of CSA Prevention Program Evaluations**

Three publications offer summaries of findings; Ferguson, B., Evaluating Child Sexual Abuse Prevention Programs, Ottawa, Ont., 1988 and Gentles, I., Evaluating the Evaluators: Child Sexual Abuse Prevention: Do We Know It Works?, Toronto, Ont.,1988 and Bagley, C. et al, Preventing Child Abuse: A Review with Research and Policy Proposals, Calgary, Alberta, 1988. All of these publications are available free of charge from the National Clearinghouse.

- **The Long-Term Effects of Child Sexual Abuse**

A literature review summarizing the findings on the long-term impact of child sexual abuse has been prepared. See Arlett, C., The Long-Term Effects ofChild Sexual Abuse. Available free of charge from the National Clearinghouse.

- **The Role of Self-Help Groups**

An in-depth analysis and evaluation of a mutual aid group, the Sexual Assault Recovery Anonymous Society (SARA) in Surrey, B.C., offers suggestions on how professionals, agencies and volunteers can work together. See Trauma in Our Midst, SARA, P.O. Box 16, Surrey, B.C., V3T 4W4.

- **Child Sexual Abuse in Rural Areas**

The Federated Women's Institute, 251 Bank St.,Suite 606, Ottawa, Ont., has a seminar report on applications of CSA Prevention, Intervention and Investigations in rural communities. Copies in English available from the Institute.

- **Inventory of AIDS/STD Public Education Materials**

The Canadian Public Health Association, 1565 Carling, Ottawa, Ont., K1Z 8R1, has a study of resources available as of 1987. Copies available from CPHA.

- **Overview of 26 Literature Reviews**

A summary report on 26 literature reviews commissioned as part of the federal initiative is available. See Toryman, S., Child Sexual Abuse Overview: A Summary of 26 Literature Reviews, 1988, Nepean, Ont. Available free of charge from the National Clearinghouse.

Child Sexual Abuse and Schools: Problems for the Nineties

This section of the booklet discusses several key issues about child sexual abuse which will confront school administrators as they continue to implement prevention programs and policies. An attempt has been made in some of the issues presented here to summarize the arguments being presented by some in opposition to higher efforts in CSA prevention and then to present the counter-arguments. We begin with the social context, society and the community.

The Backlash

David Hechler discusses the backlash being experienced in the US of the uncovering of this social problem. (Hechler D; The Battle and the Backlash: The Child Sexual Abuse War; Health and Company, Lexington, Mass, 1988) Although the cultural context and "war" imagery may be inappropriate to Canada, the counter thrust to CSA prevention is real in our country as well. Hechler summarized the arguments of groups such as VOCAL (Victims of Child Abuse Laws) which have chapters in many US states. Such groups express concerns about the loss of the presumption of innocence, about children being removed from homes on the basis of mere suspicions, of investigators having a bias in conducting their investigations, of prosecutors coaching children as witnesses, of mental health professionals who have created a "child abuse industry" and of the uncertainty of dealing with CSA before the courts.

Hechler's book, written in journalistic style, provides several examples and stories of individual cases. It is instructive reading insofar as the reader encounters personalities and emotions, as least vicariously through the text. It is strongly recommended that in-service programs for school administrators include such case studies. Sessions should include child protection workers and prosecuting as well as defence lawyers.

It is equally important that school administrators have a stable set of principles to guide their actions throughout the controversy that CSA cases create. The following are strongly recommended:

1. Reports made by children must be taken seriously and must be thoroughly investigated by persons mandated to do so by law.

2. Child sexual abuse is a criminal act.

3. The focus of the intervention must be the protection and support of the child in regards to

-providing services appropriate to the situation, age and developmental level of the child.

-removing the offender, not the child, from the home in situations of intra-familial abuse.

-supporting the families immediate child on-going needs.

4. An effective response requires cooperation and coordination among service providers.

5. The sharing of information is necessary to make good decisions and must be done in a way to protect privacy and ensure confidentially.

6. Treatment and support resources are components of an effective community response.

7. Training of professionals, community workers and parents enhances the effectiveness of community responses.

8. Communities bear responsibility for protecting children. The ultimate solution is found in prevention and early detection.

(Source: Child Sexual Abuse: Strengthen Community Response, Health and Welfare Canada, 1989)

Unproven/Unfounded/False Allegations

In approaching this issue, it should be emphasized that the role of the school principal does not entail deciding whether the allegations are true or not. The role of the school administrator is to:

(1) ensure the child is protected;
(2) ensure the non-accused family members are supported;
(3) manage the school in a way that the accused's rights to the presumption of innocence are protected;
(4) ensure that normalcy returns to the school by helping all involved first to understand the problem and the procedures and then allowing the case to be managed by those mandated to do so.

The knowledge currently available about this issue can be summarized as follows:

- evidence suggests that almost all children do not lie about child sexual abuse.
- false allegations do occur.
- acquittal in a criminal trial is not a reliable measure of innocence because of restrictive rules of evidence.
- for accused educators, legal allegations should be accompanied by investigation of their professional conduct.
- retraction by the child is not a reliable measure because of negative repercussions associated with disclosure.

Suggested Readings About Allegations:

(Summitt, R.; "Too Terrible to Hear: Barriers to Perception of Child Sexual Abuse"; Harbour-UCLA Medical Center, 1000 W. Carson, Torrance, CA,90509. King MA and Yuille, JC; "The Child Witness", Highlights, Canadian Psychological Association, Vol. 8, No. 1, January, 1986. Brewin Morely J.; A Lawyers Caution Against Over Caution, unpublished, Faculty of Law, University of Victoria. McGuire, TL and Grant FE; "Understanding Child Sexual Abuse"; Butterworths, 1991)

Criticisms of School-Based CSA Prevention Programs

As part of the backlash to CSA prevention, concerns and questions have been raised about school-based prevention programs. Wachtel discusses these criticisms in a paper prepared for the Society for Children and Youth in Vancouver, BC. That paper was prepared in response to groups in Richmond, BC and The Pas, Manitoba which have questioned the validity of such programs.

In reviewing these arguments, it should be remembered that some points of view about CSA programs are based on values, rather than data about the effectiveness of programs.

The general effectiveness of CSA prevention was discussed earlier. The specific criticisms of the content of such programs are discussed here.

Multiple Victim Disclosures/ Offender on School Staff

The response of the school principal to the shock and controversy of a multiple victim disclosure in their community or to the presence of an offender on the school study can determine how quickly a school can return to normal.

Criticisms and Responses Regarding CSA Prevention Programs

1. "Prevention" programs don't prevent CSA from occurring.
   Response: It is not possible to measure if a program was successful in helping something not to happen. There is significant evidence that appropriate learning takes place.
2. Prevention programs don't result in increased numbers of disclosures.
   Response: The research literature is mixed. Reports on well-planned programs that have been implemented will (Hancock, 1984) show increased reporting in comparison to students not in the program.
3. The "touch continuum" (good and bad touching) is confusing to children.
   Response: This may well be true for pre-school children but is not so for school aged children (Gilbert & Daro, 1988).
4. "Trust your feelings" is inappropriate advice for children.
   Response: Criticism may be valid. Caution should be exercised in programs using this message.
5. "Body ownership" is confusing to children.
   Response: Criticism may be valid.
6. Children cannot distinguish between "good secrets" (surprises) and "bad secrets".
   Response: Criticism appears to be valid (Gilbert and Daro, 198?; Theringer & Krwacska, 1988)
7. Children need a rule-based approach
   Response: "Just saying no" is insufficient (Tharinger & Krivacska, 1988)
8. Prevention programs create anxiety.
   Response: Research refutes this argument (Niebert, 1988).
9. Programs undermine trust in parents.
   Response: Research generally refutes this criticism. Programs lead to more parent-child discussions. (Niebert, 1988)

References:
(Gilbert, N. & Daro, D., Child Sexual Abuse Prevention: Evaluation of Educational Materials: A Summary of Findings and Recommendations, Family Welfare Research Group, Univ. ofCalifornia at Berkeley, 1988
Niebert, D., "Summary of Research on Child Assault Prevention", Technical Assistance Bulletin, National Assault Prevention Center, Columbus, Ohio, 1988
Hancock, A., "Does It Work", Prevention Notes, Committee for Children, Seattle, Nov/Dec, 1986
Tharinger, D & Krivacska, JJ, "CSA Prevention Program: The Role of School Psychologists" Paper presented to National Association of School Psychologists Conference, Chicago, Il, April, 1988.

Multiple Victim Disclosures/ Offender on School Staff

The advice presented here is based on interviews with researchers investigating the impact of such cases in British Columbia. They suggest that:

1. The principal should act to reassure students and staff even if the offenders are not employees. The impact of a multiple victim case will affect student-student relationships in the form of increased aggression (to "prove" they are not homosexual) and staff-student relationships (How can we be hard on them after that?)

2. Denial should be recognized at a variety of levels: Loyalty to a colleague may prevent appropriate actions being taken. A reluctance to discuss explicitly what happened may lead to more rumors and more controversy.

3. The principal should immediately ensure that all relevant agencies and professionals meet to develop a crisis management plan.

4. The principal should meet with the parents committee,accompanied by staff from the Child Protection Agency, to report the basic facts of the case (without getting into the investigation) and what procedures will be taken. If the case involves a significant number of students, a meeting of all parents in the school may be appropriate.

5. Meet with the parents of the affected children, either individually or in a group. Ensure that they have access to support services. Provide them with written information about the procedures and child sexual abuse. If appropriate, encourage them to meet together to support each other.

6. Meet with the staff of the school. Give them the basic, public facts of the cases. Have agency professionals present to answer questions. Provide specific advice on how to reassure students who have been abused.

7. Ensure that regular meetings of agency personnel, as well as parents of abused children and school staff occur over a period of several months. There will be delayed reactions from students, parents and staff.

8. Apply the principles of crisis management:

   - accurate information will have a calming effect on everybody.
   - allow for structured opportunities to express feelings.
   - encourage the development of support groups.
   - organize activities which allow for concrete actions (Eg. writing a journal of events, organizing a prevention workshop)

(Sources: Russell, T., Community Responses to Occurrences of Multiple Victim Child Sexual Abuse: Preliminary Report, Paper presented to the 40th Annual Meeting, Canadian Psychiatric Association and Neglect, Los Angeles Country Inter-Agency Council on Child Abuse and Neglect, Protocols Developed by the Multi-Victim, Multi-Suspect, CSA Sub-Committee, Nov, 1988)

Touching/Staff-Student Relationships

One of the unfortunate consequences of the emerging awareness of child sexual abuse is an unnecessary reluctance on the part of teachers to touch their students in appropriate ways. Such physical conduct is an appropriate part of a teachers repertoire. It is suggested that a discussion of this issue be included in child abuse teacher in-service sessions.

While it is not possible to define specific rules about appropriate touching, some general guidelines can be stated:

- touching should obviously be limited to appropriate areas of the body, but also should be of short duration.
- touching should be done only in open places where other people are present rather than behind closed doors.
- children should be asked "permission" when being touched. This permission can be indicated in verbal or non-verbal ways such as turning away, shrugging, stepping back or appearing uncomfortable.

Implementation and Review

It is likely that most school principals in Canada have already implemented reporting procedures and a CSA prevention program in their schools. However, the following questions are presented as being useful to a review of your implementation status:

- Is the CSA prevention program placed within a sexuality/family life program that is addressing issues such as gender, the rights of children and the role of the media?

- Do we have an effective and on-going relationship with health, social service and police agencies that covers not only reporting and investigations but also encourages joint in-service programs and community awareness events?

- Are all of the staff members aware of their legal obligations to report as well as how to receive disclosures and support abused children appropriately?

- Do we have enough involvement from families? Support from the community? Appropriate coverage from the media? Policy direction from the school board?

Sources of Information and Assistance

The following sources of further information about child sexual abuse are recommended:

Canadian

National Clearinghouse of Family Violence,
Family Violence Prevention Division,
Health and Welfare Canada,
Brooke Claxton Building,
Tunney's Pasture, Ottawa,
K1A 1B5

Toll-Free 1-800-267-1291
Ottawa/Hull 957-2938

Canadian Council on Children and Youth,
55 Parkdale,
Ottawa, ON,

Tel: 613-722-0133
Facsimile: 613-722-4829

Canadian Home and School and
Parent Teacher Federation,
323 Chapel Street,
Ottawa, ON,
K1N 7Z2

Tel: (613) 234-7292
Fax: (613) 237-5969

American

Center for Early Adolescence,
University of North Carolina at Chapel Hill
Suite 211, Carr Mill Mall
Carrboro, North Carolina 24510

Tel: (919) 466-1148

National Center on Child Abuse and Neglect
P.O. Box 1182
Washington, DC 20013

Tel: (703) 821-2086

National Committee for Prevention
of Child Abuse
332 South Michigan Ave., Suite 1600
Chicago, Illinois

Tel: (312) 663-3520

Parents Anonymous
6733 South Sepulveda Boulevard,
Suite 270,
Los Angeles, California 90745

Tel: (800) 421-0353

Canadian Association
of Principals

Association canadienne
des directeurs d'école